

Fill in this information to identify the case:Debtor name **Residents First, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Ally Financial 6716 Grade Lane Bldg. 9 Suite 910 Louisville, KY 40213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Amounts owed on two vehicle leases through end of lease.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$29,844.64
3.2	Nonpriority creditor's name and mailing address AMBS Message Center 338 West Franklin St. Jackson, MI 49201 Date(s) debt was incurred ____ Last 4 digits of account number 9712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$709.29
3.3	Nonpriority creditor's name and mailing address AmRent P.O. Box 640495 Pittsburgh, PA 15264-0495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$150.00
3.4	Nonpriority creditor's name and mailing address AT&T P.O.Box 6463 Carol Stream, IL 60197-6463 Date(s) debt was incurred ____ Last 4 digits of account number 2960	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$910.81

Name

3.5	Nonpriority creditor's name and mailing address avidxchange 1210 AvidExchange Lane Charlotte, NC 28206 Date(s) debt was incurred ____ Last 4 digits of account number <u>9619</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,202.00</u>
3.6	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of Michigan 1250 W 14 Mile Rd Troy, MI 48083 Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,703.28</u>
3.7	Nonpriority creditor's name and mailing address Capital One 1680 Capital One Drive Mc Lean, VA 22102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$48,315.00</u>
3.8	Nonpriority creditor's name and mailing address Champion Construction Services 755 West Big Beaver Road Ste. 1000 Troy, MI 48084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$478,864.90</u>
3.9	Nonpriority creditor's name and mailing address Chase Auto Finance 270 Park Avenue New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,378.47</u>
3.10	Nonpriority creditor's name and mailing address Chrysler Capital 3000 Kellway Drive Suite 120 Carrollton, TX 75006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Amounts owed on vehicle leases through end of lease.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16,638.70</u>
3.11	Nonpriority creditor's name and mailing address Creative Benefits & Insurance Solutions 45170 Cass Avenue Utica, MI 48317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.00</u>

Name

3.12	Nonpriority creditor's name and mailing address GreatAmerica Financial Services Corp 625 First St SE Cedar Rapids, IA 52401 Date(s) debt was incurred ____ Last 4 digits of account number <u>2000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286.91
3.13	Nonpriority creditor's name and mailing address Heirloom Hospitality 217 Pierce Street Suite 207 Birmingham, MI 48009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,950.00
3.14	Nonpriority creditor's name and mailing address Home Depot Credit Services Dept. 32 – 2223154158 P.O. Box 70614 Philadelphia, PA 19176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,878.00
3.15	Nonpriority creditor's name and mailing address London Computer Systems (LCS) 9140 Waterstone Boulevard Cincinnati, OH 45249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,722.48
3.16	Nonpriority creditor's name and mailing address Markel Insurance 4521 Highwoods Parkway Hallieford, VA 23068 Date(s) debt was incurred ____ Last 4 digits of account number <u>3739</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$501.00
3.17	Nonpriority creditor's name and mailing address McChesney Electric, Inc 22036 Woodward Avenue Ferndale, MI 48220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$895.70
3.18	Nonpriority creditor's name and mailing address Michigan Secretary of State One Division N.W. Grand Rapids, MI 49503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$767.00

Debtor **Residents First, LLC**

Name

Case number (if known)

3.19 Nonpriority creditor's name and mailing address

OTA - PlatePay
3500 Martin Luther King Blvd.
Oklahoma City, OK 73111-4295

Date(s) debt was incurred

Last 4 digits of account number **1796**As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$58.45

3.20 Nonpriority creditor's name and mailing address

Paletz Law
2800 Livernois Road
Troy, MI 48083

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$55.68

3.21 Nonpriority creditor's name and mailing address

Swistak & Levine P.C.
30833 Northwestern Hwy. Suite 120
Farmington, MI 48334-2581

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$520.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Capital One P.O. Box 4069 Carol Stream, IL 60197-4069	Line 3.7 <input type="checkbox"/> Not listed. Explain	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b.	+ \$ 601,452.31
5c.	\$ 601,452.31